



Related MLN Matters Article #: MM4374

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Non-Physician Practitioner (NPP) Payment for Care Plan Oversight (CPO)

Key Words

MM4374, CR4374, R993CP, CPO, Non-Physician, Practitioner

Provider Types Affected

Non-Physician Practitioners (NPPs) and suppliers billing Medicare carriers for home health CPO services

Key Points

- The effective date of the instruction is January 1, 2005.
- The implementation date is October 2, 2006.
- Physician Care Plan Oversight (CPO) is paid under the Medicare Physician Fee Schedule (MPFS), and due to a provision in the *Medicare Claims Processing Manual* (Publication 100-04, Chapter 12, Section 180), Non-Physician Practitioners (NPPs) have been prohibited from billing for this service in a home health setting.
- The current manual section (Section 180) provides that the physician who signs the plan of care for home health services must be the same person that bills for the physician CPO. Since only a physician can sign the plan of care for home health services, NPPs have been unable to bill for physician home health CPO.
- Under the Final Physician Fee Schedule Rule, published in the *Federal Register* on November 15, 2004, nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists (CNSs), practicing within the scope of state law, may bill for CPO.
- The intention of the Centers for Medicare & Medicaid Services (CMS), as outlined in later portions of the *Medicare Claims Processing Manual*, was to allow NPPs to bill for physician CPO within their state scope of practice. The current inconsistency in Section 180 will not allow NPPs to be paid for this service.
- CR4374 revises the policy that states that the same provider that signs the plan of care does not have to be the same provider that bills for the physician CPO.
- The *Medicare Claims Processing Manual* (Publication 100-04, Chapter 11, Section 40.1.3.1) has been revised to clarify CPO billing requirements for beneficiaries who have elected the hospice benefit.

Note: Currently there is no place on the Health Insurance Portability and Accountability Act (HIPAA) standard ASC X12N 837 professional format to specifically include the home health agency (HHA) or hospice number required for a CPO claim. For this reason, the requirement to include the HHA or hospice provider number on a CPO claim is temporarily waived until a new version of this electronic standard format is adopted under HIPAA and includes a place to provide the HHA and hospice provider numbers for CPO claims.

- For services furnished on or after January 1, 2005, carriers will allow NPPs to bill for physician home health CPO even though they cannot 1) certify a patient for home health services and 2) sign the plan of care.
- For beneficiaries who have elected the hospice benefit, physicians or NPPs who have been identified by a beneficiary to be his or her attending physician may submit claims for CPO.

Note: For physicians or NPs who are employed by a hospice agency, CPO is not separately payable.

- CR4374 instructs carriers to:
 - Pay for physician home health CPO services (HCPCS code G0181) when billed by an NPP for dates of service on or after January 1, 2005;
 - Pay for physician home health plan CPO services (HCPCS code G0181) no more than once per calendar month per patient;
 - Pay for physician hospice CPO services (HCPCS code G0182 with GV modifier) when billed by a nurse practitioner for dates of service on or after January 1, 2005;
 - Pay for physician hospice CPO services under HCPCS code G0182 no more than once per calendar month per patient;
 - Re-open and adjust any erroneously denied claims with practitioner CPO services brought to their attention; and
 - Not require the provider numbers of the HHA or hospice for CPO claims effective for dates of service on or after January 1, 2005.

Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4374.pdf>

<http://www.cms.hhs.gov/Transmittals/downloads/R993CP.pdf>